



PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)		00	20 Other SC withholding (Attach Form 1099)		00	
17 2016 estimated tax payments		00	21 Tuition tax credit (Attach I-319)		00	
18 Amount paid with extension		00	22 Other refundable credit(s)		00	
19 NR sale of real estate		00	Check <input type="checkbox"/> Anhydrous Ammonia (Attach I-333) Type: <input type="checkbox"/> Milk Credit (Attach I-334) <input type="checkbox"/> Classroom Teacher Expenses (Attach I-360) <input type="checkbox"/> Parental Refundable Credit - ECENC			
23 Add lines 16 through 22 and enter the total here.	These are your TOTAL PAYMENTS				23	00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT					24	00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE					25	00
26 USE TAX due on internet, mail-order or out-of-state purchases.	26				00	
Use tax is based on your county's sales tax rate. See instructions for more information. If you certify that no use tax is due, check here . . . <input type="checkbox"/>						
27 Amount of line 24 to be credited to your 2017 Estimated Tax	27				00	
28 Total Contributions for Check-offs (Attach I-330)	28				00	
29 Add lines 26 through 28 and enter the total here					29	00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required).	REFUND				30	00
REFUND OPTIONS (subject to program limitations)						
30a Mark one refund choice: <input type="checkbox"/> Direct Deposit (30b required) <input type="checkbox"/> Debit Card* <input type="checkbox"/> Paper Check <i>*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America</i>						
30b Direct Deposit (for US Accounts Only) Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings						
Routing Number (RTN)				Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32		
Bank Account Number (BAN)				1-17 digits		
31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount . . .					31	00
32 Late filing and/or late payment: Penalties _____ Interest _____ (See instructions) Enter total here					32	00
33 Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax <input type="checkbox"/>					33	00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here.	BALANCE DUE				34	00

Pay electronically free of charge at dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW).

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)
Taxpayer's Email		
I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preparer's printed name

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm name (or yours if self-employed) and address and Zip Code	FEIN	Phone No.	

MAIL TO:

REFUNDS OR ZERO TAX	SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE	Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

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